

**Harbor Creek School District
Evaluation Form
Act 48 Hours**

To Be Completed by Administration

Name of Event:

Date of Event:

Presenter:

Number of Act 48 Hours Awarded:

Course Activity Subject Area (*check one*)

- ☐ Teaching and Learning Professional Development
- ☐ Standards Area Curriculum and Assessment
- ☐ Academic Content Studies
- ☐ Technology
- ☐ Student Social and Health Issues
- ☐ School Administration

Participant's Name (printed): _____

Signature of Participant: _____

Administrator's Signature: _____

Please describe the activity you attended:

What are two things you learned?

How will you apply or use what you learned?

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This section applies to non-Harbor Creek School District employees only.

Participant's Name as it appears on your teaching certificate: _____

PPID Number or Social Security Number: _____

Please check if applicable.

- ☐ I have been approved by my place of employment to receive Act 48 hours through the Harbor Creek School District.